

Original
PACI
L. Guerra
REVISED DATE: 09/2001

FORM TO BE USED BY A STATE PRISONER IN FILING A COMPLAINT UNDER
THE CIVIL RIGHTS ACT, 42 U.S.C. SECTION 1983 OR BY A FEDERAL PRISONER
IN FILING A BIVENS CLAIM.

RECEIVED
ASHEVILLE, N.C.

AUG 23 2002

Clerk, U. S. Dist. Court
W. Dist of N. C.

UNITED STATES DISTRICT COURT
~~WESTERN~~ DISTRICT OF NORTH CAROLINA
Western WESTERN DIVISION

NO. 1:02CV195-MV-1
(leave this space blank)

FILED
ASHEVILLE, N.C.

AUG 23 2002

U.S. DISTRICT COURT
W. DIST. OF N.C.

Millis S. Bryson

(enter full names of each plaintiff(s))

v.

Inmate Number 0054080

Sue Medford, Dr. James
Turpin, Utilization Board,
N.C. Dept. of Correction
Board Director;

(enter full names of each defendant(s))

- I. HAVE YOU BEGUN OTHER LAWSUITS IN FEDERAL COURT DEALING WITH THE
SAME FACTS INVOLVED IN THIS ACTION? YES () NO (☒)

If your answer is YES, describe the former lawsuit in the space provided below:

NA

- II. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT TO THE STATE
INMATE GRIEVANCE PROCEDURE? YES (☒) NO ()

If your answer is YES:

1. What steps did you take? Appealed to the Resolution Board
2. What was the result? (Attach copies of grievances or other supporting documentation.)

No favorable Consideration given,

AUG 7 2002

VERIFIED STATEMENT

I have been advised of the requirements regarding exhaustion of administrative remedies and now submit this verified statement.

(Please choose the box that applies to your action):

- ☐ There are no grievance procedures at the correctional facility at which I am being confined. This cause of action arose at _____, and I am now being housed at _____. Therefore, I do not believe I have administrative remedies relating to this complaint at this time.
- ☒ I have exhausted by administrative remedies relating to this complaint and have attached copies of grievances demonstrating completions.

III. PARTIES:

In Item "A" below, place your name in the first blank and your present address in the second blank. Do the same for additional plaintiffs, if any. NOTE: ALL PLAINTIFFS LISTED IN THE CAPTION ON THE FIRST PAGE SHOULD BE LISTED IN THIS SECTION.

A. Name of Plaintiff :

Name of Present Confinement Marion Correctional Inst.
Address of Present Confinement P.O. Box 2405, Marion, N.C. 28752

In Item "B" below, place the full name of defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item (C) through (F) for additional defendants. NOTE: ALL DEFENDANTS LISTED IN THE CAPTION ON THE FIRST PAGE SHOULD BE LISTED IN THIS SECTION.

- B. Defendant Sue Medford
Position Nurse Supervisor
Employed at Marion Corr. Inst.
Address P.O. Box 2405, Marion, N.C. 28752
Capacity in which being sued: Individual () Official () Both (☒)
- C. Defendant James Turpin
Position Doctor
Employed at Marion Corr. Inst.
Address P.O. Box 2405, Marion, N.C. 28752
Capacity in which being sued: Individual () Official () Both (☒)

- D. Defendant Utilization Board
 Position Controls And determines Spending
 Employed at N.C. Dept of Correction
 Address 831 West Morgan St, Raleigh, N.C. 27699
 Capacity in which being sued: Individual (☒) Official () Both ()
- E. Defendant N.C. Dept. of Correction Board of Director
 Position Director
 Employed at N.C. Dept. of Correction
 Address 831 West Morgan St, Raleigh, N.C. 27699
 Capacity in which being sued: Individual (☒) Official () Both ()
- F. Defendant _____
 Position _____
 Employed at _____
 Address _____
 Capacity in which being sued: Individual () Official () Both ()

IV. STATEMENT OF CLAIM

State here as briefly as possible the **FACTS** of your case. Describe how **each** defendant is involved. Include also the names of the other persons involved, dates and places. **DO NOT GIVE ANY LEGAL CITATIONS OR ANY LEGAL ARGUMENTS OR CITE ANY STATUTES.** If you wish to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets if necessary.

That 2-1-02 Plaintiff filed a grievance Concerning a skin rash on the face area, that had been previously looked at in August of 2001, by the doctor and Medical staff at Marion Correctional Institution, Doctor James Turpin.
Plaintiff has made numbers of request to Sue Medford and the Medical staff Concerning this problem to No avail.
That on May 7, 2002 the Utilization Board denied the request for Dermatology citing the budget.

Jurisdiction

1. The Court has Jurisdiction over Plaintiff's claims under 42 U.S.C. §§ 1331(a) and 1343. Plaintiff also invokes the pendent Jurisdiction of this Court, 28 U.S.C.A. § 1367.
2. Plaintiff also wishes to put the Court on Notice that retaliatory action may be taken against the Plaintiff for asserting his Constitutional Rights. This may come in the form of being transferred, Disciplinary action or Physical Contact
3. all defendants have acted under color of state law at all times relevant to this Complaint.
4. That the defendants have been deliberate indifferent, because of the wanton, Careless, reckless, malicious and oppressive character displayed in the facts complained of.
5. Plaintiff has suffered sleepless nights, Anxiety

V. RELIEF SOUGHT BY PRISONER

State briefly exactly what you want the Court to do for you. MAKE NO LEGAL ARGUMENTS. DO NOT CITE CASES OR STATUTES.

Wherefore, Plaintiff request the Court to grant the following relief:

A. Declaratory Judgment that defendants have denied Serious Medical Treatment and violated Plaintiff's 8th amendment rights.

B. Issue a Mandatory Injunction ordering defendants and their agents to get the needed Treatment necessary, to resolve Plaintiff's Medical problem and to refrain from this type of character in the future.

Signed this 31 day of July, 2002.

✓ Melvin S. Byrson
Signature of Plaintiff

Signature of other Plaintiffs
(if necessary)

I declare under penalty of perjury that the foregoing is true and correct.

7-31-02
Date

✓ Melvin S. Byrson
Signature of Plaintiff

Signature of other Plaintiffs
(if necessary)

Page 1 Attachment of the complaint
pain, itching and further discomfort by medication
prescribed by defendant Turpin on 1-7-02.

6. Plaintiff further contends that one of the medication prescribed by defendant Turpin, was the wrong medication for his condition and only made it worse, that being the fungal cream.
7. That as a direct result of the defendant denial of need medical treatment for plaintiff, he has been unable to exercise properly, because of the sun hurts his tender face.
8. That Plaintiff is enclosing pictures and other exhibits as to facts concerning his medical condition that Plaintiff believes he has stated a claim, upon which relief can and should be granted.

Respectfully Submitted
s/ Mark S. Bujan

Relief Continued

C. Award Compensatory damages in the following amounts:

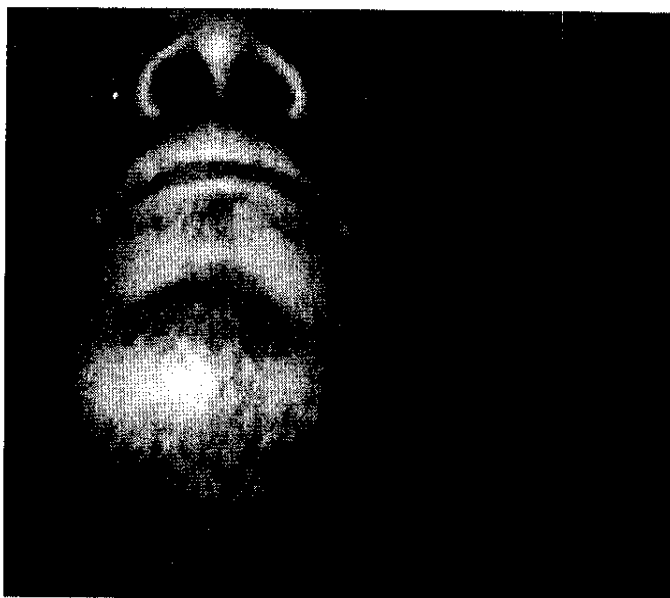
1. \$ 250,000, against defendant Medford, in Satisfaction and recompense for pain and suffering;
2. \$ 250,000, against defendant Turpin, in Satisfaction and recompense for pain and suffering;
3. \$ 250,000, against the Utilization Board, in Satisfaction and recompense for pain and suffering;
4. \$ 250,000, against the NC Dept. of Correction Board Director, in Satisfaction and recompense for Pain and suffering;

D. Award Punitive damages in the following amounts:

1. \$ 250,000, jointly and severally against all defendants, for the wanton, reckless and malicious Callos disregard from their deliberate indifference to the Plaintiff's Serious Medical Needs.

E. Plaintiff also demands a Trial by Jury; And
For such other and further relief as the Court deems
Just and proper.

Respectfully Submitted,
s/ William S. Boyson



Close up
of the infection.

KETOCONAZOLE 2% CRE

NOTE: The following information is intended to supplement, not substitute for, the expertise and judgment of your physician, pharmacist or other healthcare professional. It should not be construed to indicate that the use of the drug is safe, appropriate, or effective for you. Consult your healthcare professional before taking this drug.

USES: This medication is used to treat a fungal skin infection.

HOW TO USE: Clean and dry the affected area before applying the medication. To apply, gently massage a small amount of the medication to the affected area and surrounding skin. Continue to use the medication as prescribed for the full time prescribed. Stopping therapy too early may not clear the infection causing it to return. Cover with a bandage only if instructed to do so by your doctor. It may take one week before any improvement is seen. If no improvement is seen after 2 - 4 weeks, consult your doctor. Another medication may be necessary.

SIDE EFFECTS: This medication may cause burning, stinging or redness when first applied to skin. This should disappear in a few days as your body adjusts to the medication. If these effects persist or worsen, inform your doctor. If you notice other effects not listed above, contact your doctor or pharmacist.

DOP PHARMACY SERVICES
NC DOC CENTRAL PHARMACY

2211 SCHIEFFELIN ROAD APEX, NC 27502
OrigDate: 08/22/01 TURPIN, JAMES M.
Rx: **A1124875** MARI MCI HU4W- 162
BRYSON, MILLS S 0054080 01/07/02
APPLY THREE TIMES DAILY FOR SIX (6)
MONTHS (FOR EXTERNAL USE ONLY)

60 GM KETOCONAZOLE 2% CRE

Mfg: TEVA USA

Discard Date: 01/07/03

Disp. For:

Disp. By: B.C.CHAFFIOTT Doses/R 5640 GM Refill Until: 02/22/02

DOP PHARMACY SERVICES
NC DOC CENTRAL PHARMACY

2211 SCHIEFFELIN ROAD APEX, NC 27502
OrigDate: 09/13/01 TURPIN, JAMES M.
Rx: **A1142057** MARI MCI FU1W- 011
BRYSON, MILLS S 0054080 11/13/01
USE TWICE A WEEK FOR 3 MONTHS

120 ML NIZORAL 2% SHA

Mfg: JANSSEN PHARM

Discard Date: 11/13/02

Disp. For:

Disp. By: B.C.CHAFFIOTT Doses/R 0 ML Refill Until: 12/13/01

DOP PHARMACY SERVICES
NC DOC CENTRAL PHARMACY

2211 SCHIEFFELIN ROAD APEX, NC 27502
OrigDate: 12/13/01 JAGUST, MARTON
Rx: **A1131374** MARI MCI HU4S- 022
BRYSON, MILLS S 0054080 02/04/02
TAKE ONE (1) TABLET BY MOUTH DAILY
FOR THREE (3) MONTHS.

30 EA KETOCONAZOLE 200MG TAB

Mfg: UNITED RES LABS

Discard Date: 02/04/03

Disp. For:

Disp. By: B.C.CHAFFIOTT Doses/R 0 EA Refill Until: 03/13/02

DOP PHARMACY SERVICES
NC DOC CENTRAL PHARMACY

2211 SCHIEFFELIN ROAD APEX, NC 27502
OrigDate: 06/18/02 JAGUST, MARTON
Rx: **A1355935** MARI MCI EU3B- 002
BRYSON, MILLS S 0054080 06/18/02
APPLY TWICE DAILY THINLY FOR THREE
(3) MONTHS (FOR EXTERNAL USE ONLY)

15 GM CLOTRIMAZOLE/BETAMET CRE

Mfg: FOUGERA & CO.

Discard Date: 06/18/03

Disp. For: LOTRISONE

Disp. By: B.C.CHAFFIOTT Doses/R 1485 GM Refill Until: 09/18/02

4-13-02

Mr. Theodis Beck,

Secretary of Correction

831 West Morgan Street, 4260 MSC

Raleigh, N.C 27699-4260

Denied Medical Treatment

Mr. Theodis Beck,

I come to you in this letter to inform you that I am being denied proper medical treatment, to treat an infection on my face, that's discoloring my skin and eating the hair off my face. A Dr. August here at Prisoner Correctional put in a referral to the Utilization Review Board - ("that came back rejected") - so I could see a dermatologist to get proper Medical treatment since he didn't know the "Correct" treatment for it. Mr. Beck, I am waking up in the middle of the night sweating, worried, and stress out over being denied the proper Medical treatment.

cc

Steve Bailey

Western Region Office

613 Harper Ave. SW Suite B

Lenoir, NC 28645

Thank you

Mellis

S.

Lypson.

INMATE REQUEST FOR ASSISTANCE

Inmate Name Will's S. Bryson Inmate Signature Will's S. Bryson

Opus # 0054080 Date 4-12-02 Unit (D E F H) MSU)

- Check the appropriate location that your request is to be forwarded. Be specific in your request and complete all blanks. Allow ample time for your request to be answered.

Unit Manager _____	Asst. Unit Mgr. _____	Case Mgr. _____
Other <u>Head nurse Sue Medford</u> Specify _____		

I request the following information: Can you check and see if the referral that Dr. Jagust sent to the Utilization Review Board for me to see an dermatologist, has been approved or disapprove.

Thank you Will's S. Bryson

Unit Screening Officer _____

Forward To: _____

Response: VR was put in 12-14-01, pending for further questions 12-19-01 and request denied - Guidelines were not met. The request was reentered on 4-19-02 and pending on 4-19-02. This last request has not been denied yet. (VR has many requests and are turning down a lot of them)
Sue Medford RN 4-22-02
Signature Date

Revised 05/01/01

As soon as the 4-19-02 clears I will let you know if it is approved or denied
JM

Request form

ate Name Millie S. Bryson Inmate Signature Millie S. Brysonis # 0054080 Date 5-27-02 Unit (D E F H) (MSU)

Check the appropriate location that your request is to be forwarded. Be specific in your request and complete all blanks. Allow ample time for your request to be answered.

Unit Manager Asst. Unit Mgr. Case Mgr. Other Ms. Sue Medford
Specify

request the following information: Could you tell me if I been
approved or disapproved to go see an dermatologist
by the Utilization Review Board. And if I have
been disapproved to get treatment again - Do
you think its because the budget?

Unit Screening Officer Forward To:

Response: Mr. Bryson # 0054080. Your appt. for
Dermatology has been denied on 5-7-02.
The comment was guidelines not met. Yes, its
the state budget, anything that is not absolutely
necessary to life and limb its being denied.
I'm truly sorry but thats the way it is.
S. Medford RN 6-5-02
Signature Date

NORTH CAROLINA DEPARTMENT OF CORRECTION
DIVISION OF PRISONS
ADMINISTRATIVE REMEDY PROCEDURE

1. Inmate Name: Phillip S. Bryson 2. Inmate No.: 0054080

3. Location: MARIOW Correctional 4. Date: 2-1-02

5. Grievance Statement: I seen the doctor here at Mariow Correctional in December last year, and he told me that he put in a referral to Raleigh, to recommend I see a skin doctor to find out what happened to me since he doesn't know either. He said it would take about 4 weeks for them to get me to a skin doctor. Its been over 4 weeks and I haven't heard nothing. My medical condition is still getting worse and worse, and the medication is not working or helping at all, for it looks like its helping to make it worse.

6. What remedy would resolve your grievance?: To get me to a skin doctor like they told me they would, so I can get the right kind of medical treatment to cure me.

7. Inmate Signature: Phillip S. Bryson

OFFICIAL USE

8. Date received: 02 01 02

9. Sgt. Gary Rymel
Receiving Officer Signature

10. ☐ This grievance is returned and can only be accepted when your current grievance completes step two.

11. Date delayed: 1 1

12. _____
Screening Officer Signature

13. The grievance is rejected for the following reason(s): (Enter Code) _____

- A. State or Federal Court Decision
- D. Action not yet taken
- G. More than one incident
- J. Beyond control of DOC

- B. Parole Commission Decision
- E. Exceeds 1 year time limit
- H. ARP procedures not followed

- C. Appeals disciplinary action
- F. Remedy for another inmate
- I. Violates Disciplinary No. 38

If grievance is rejected, # 13, # 14, # 15, and # 16 are completed by the Screening Officer, a photocopy of grievance is forwarded to Superintendent for review, and the original grievance is returned to inmate.

14. Rejection Justification: _____

15. Date rejected: 1 1

16. _____
Screening Officer Signature

17. Date accepted: 2 04 02

18. Angela L. Lundy
Screening Officer Signature

19. Grievance No.

3730-02-4024

Item #13, 15, or 17 to be completed within 3 calendar days of item #8.

Distribution: White to point of final disposition, Blue for Unit record; Green to inmate.

**NORTH CAROLINA DEPARTMENT OF CORRECTION
DIVISION OF PRISONS
ADMINISTRATIVE REMEDY PROCEDURE**

Step One - Unit Response20. Grievance No.: H-3730-02-402421. Inmate Name: Millis Bryson22. Inmate No.: 0054080

23. Grievance Response (Item #25 to be completed within 15 calendar days of date in item #17):

Inmate Bryson, in response to your complaint, Judy Wise, Lead Nurse stated on 12/14/01 Dr. Jagust ordered a Dermatology referral, a request for this consult has been submitted, it will be considered by Utilization Review and if when approved you will be scheduled for an appointment

No further action recommended

Angela Twitty, Unit Manager

24. Date: 2-07-0225. Angela Twitty
Superintendent Signature26. (A) ☐ Agree with grievance response(B) ☒ Appeal to Step Two (24-hour limit)27. Date: 2-07-0228. Millis I. Bryson
Inmate Signature**Step Two - Area/Complex/Institution Response**

29. Step two response (Item #31 to be completed within 20 calendar days of date in item #27):

Your grievance has been properly responded to in Item #23 by H Unit Staff.

No further action recommended.

30. Date: February 27, 2002 Keith Osteen31. Keith Osteen
Administrator Signature32. (A) ☐ Agree with grievance response(B) ☒ Appeal to Secretary, DOC (24-hour limit)33. Date: 2-27-0234. Millis I. Bryson
Inmate Signature

DISTRIBUTION: White to point of final disposition; Yellow to Area if appealed; Blue for Unit Record; Green to Inmate

NORTH CAROLINA DEPARTMENT OF CORRECTION

STATE OF NORTH CAROLINA

MICHAEL F. EASLEY
GOVERNORFINESSE G. COUCH
EXECUTIVE DIRECTOR

INMATE GRIEVANCE RESOLUTION BOARD

P. O. Box 29540, Raleigh, NC 27626-0540

REV. CHARLES BULLOCK
CHAIRMANMEMBERS
LUCIEN CAPONE III
FRANCES L. DYER
JAMES C. JOHNSON
HILDAGENE REID

Administrative Remedy Procedure

Step Three

35. Inmate Name: Bryson, Mills	36. GRB Grievance No.: 120684
37. Inmate No.: 20477-11 0054080	38. Unit Grievance No.: 3730-02-4024
39. Location: Marion 3730	40. Date Received: Mar. 13, 2002

41. GRIEVANCE EXAMINER: Findings and Disposition Order.

Mills Bryson filed this grievance on February 1, 2002 at Marion Correctional Institution, saying the unit doctor had submitted a request that he be seen by a skin doctor, but inmate has not yet heard whether this has been approved.

Staff responded that the nurse stated on December 14 the doctor ordered a dermatology referral; it will be considered by the Utilization Review Board, and if approved inmate will be scheduled for an appointment.

This examiner reviewed the grievance and responses thereto. There is no indication of violation of inmate's rights or of departmental or health policies in this matter. Thus this grievance is considered resolved by DOC staff.

42. Date: March 18, 200243. BC Bennett

Inmate Grievance Examiner

DISTRIBUTION: Originals (DC-410, DC-410A, & DC-410B) to location of final action.

cc: ☐ Unit Superintendent
☐ Area Administrator
☐ In-State Jail Command
☐ Out-of-State Command
☐ Private Substance Abuse Command

~~THIS GRIEVANCE IS STILL GOING THROUGH THE PROCEDURE !!~~

**NORTH CAROLINA DEPARTMENT OF CORRECTION
DIVISION OF PRISONS
ADMINISTRATIVE REMEDY PROCEDURE**

1. Inmate Name: MILLIS S. Bryson 2. Inmate No.: 0054080
3. Location: MARION Correctional 4. Date: 4-11-02
5. Grievance Statement: The North Carolina Department of Correction is in-difference when it comes to my medical needs, and has denied me proper medical treatment to see an dermatologist, when a Dr. August here at MARION Correctional ordered an "Dermatology" Referral so I could get proper medical care to treat my problem. I have "not" been getting the right medical treatment I deserve, because the medication hasn't work or cured the problem in "9 months" I been taking it. State and Federal courts say North Carolina are "duty-bound" to provide the "right" medical treatment to inmates. So far North Carolina Department of Correction is in-difference to my medical needs, has been denying me proper medical treatment to save money cause of the budget crisis its in. I feel my rights have been violated.
6. What remedy would resolve your grievance?: To file a law suit - if I don't get the "right" medical treatment AS SOON AS POSSIBLE.
7. Inmate Signature: _____

OFFICIAL USE

8. Date received: 4/11/02 9. Sgt. Rymond
Receiving Officer Signature
10. ☐ This grievance is returned and can only be accepted when your current grievance completes step two.
11. Date delayed: 1/1 12. _____
Screening Officer Signature
13. The grievance is rejected for the following reason(s): (Enter Code) _____
- | | | |
|------------------------------------|--------------------------------|---------------------------------|
| A. State or Federal Court Decision | B. Parole Commission Decision | C. Appeals disciplinary action |
| D. Action not yet taken | E. Exceeds 1 year time limit | F. Remedy for another inmate |
| G. More than one incident | H. ARP procedures not followed | I. Violates Disciplinary No. 38 |
| J. Beyond control of DOC | | |

If grievance is rejected, # 13, # 14, # 15, and # 16 are completed by the Screening Officer, a photocopy of grievance is forwarded to Superintendent for review, and the original grievance is returned to inmate.

14. Rejection Justification: _____
15. Date rejected: 1/1 16. _____
Screening Officer Signature
17. Date accepted: 4/11/02 18. _____
Screening Officer Signature
19. Grievance No. 0054080-4066

Item #13, 15, or 17 to be completed within 3 calendar days of item #8.

Distribution: White to point of final disposition, Blue for Unit record; Green to inmate.

**NORTH CAROLINA DEPARTMENT OF CORRECTION
DIVISION OF PRISONS
ADMINISTRATIVE REMEDY PROCEDURE**

Step One - Unit Response20. Grievance No.: 2002-00195-GCM 21. Inmate Name: Willis Bryson22. Inmate No.: 100100000

23. Grievance Response (Item #25 to be completed within 15 calendar days of date in item #17):

Written response to grievance received from inmate. Inmate states that you were seen by Dr. Turpin on 4-26-02. He was not seen by a dermatologist. If it is approved, you will then see a dermatologist.

Please sign and date this response.

Inmate Signature

24. Date: 4-26-0225. Angela Turpin
Superintendent Signature26. (A) ☐ Agree with grievance response(B) ☒ Appeal to Step Two (24-hour limit)27. Date: 4-26-0228. Willis S. Bryson
Inmate Signature**Step Two - Area/Complex/Institution Response**

29. Step two response (Item #31 to be completed within 20 calendar days of date in item #27):

Per Medical staff at Marion Correctional Institution, the US request for a Dermatology Consult was denied on May 7, 2002.

No further action recommended.

30. Date: May 15, 2002 Keith Osteen31. Keith Osteen
Administrator Signature32. (A) ☐ Agree with grievance response(B) ☒ Appeal to Secretary, DOC (24-hour limit)33. Date: 5-16-0234. Willis S. Bryson
Inmate Signature

DISTRIBUTION: White to point of final disposition; Yellow to Area if appealed; Blue for Unit Record; Green to Inmate

NORTH CAROLINA DEPARTMENT OF CORRECTION

STATE OF NORTH CAROLINA

MICHAEL F. EASLEY
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CHAIRMANMEMBERS
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FRANCES L. DYER
JAMES C. JOHNSON
HILDAGENE REID

Administrative Remedy Procedure

Step Three

35. Inmate Name: Bryson, Millis	36. GRB Grievance No.: 123476
37. Inmate No.: 20477-11 - 0054080	38. Unit Grievance No.: 3730-02-4066
39. Location: Marion #3730	40. Date Received: 6/10/02

41. GRIEVANCE EXAMINER: Findings and Disposition Order.

Millis Bryson filed this grievance on 04/11/02 at Marion #3730 alleging «indifference» by NC DOC to his medical needs. Staff Administrator, Mr. Keith Osteen, responded that per Medical Staff at Marion CI, the UR Request for a Dermatology Consult was denied on May 7, 2002. Sign up for sick call if you have further medical concerns.

This Examiner has carefully reviewed this grievance and the DC-410A response by staff. From this review, I am convinced that staff has adequately addressed this inmate's grievance concern.

On this record, it appears that proper action has been taken by staff to resolve the problem grieved by this inmate. That being the case, this grievance is hereby considered resolved by DOC Staff.

42. Date: 6-12-0243. 
Inmate Grievance Examiner

DISTRIBUTION: Originals (DC-410, DC-410A, & DC-410B) to location of final action.

cc: [] Unit Superintendent
 [] Area Administrator
 [] In-State Jail Command
 [] Out-of-State Command
 [] Private Substance Abuse Command

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NORTH CAROLINA

FILED
2002 AUG 23 PM 2:50
N.C.

Mills Bryson
Plaintiff/Petitioner

V.

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

Sue Medford, et Al.
Defendant/Respondent

~~LDNC~~ CASE
NUMBER:

1:02CV195-MU-1
(leave this space blank)

I, Mills S. Bryson declare that I am the (check appropriate box)
☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration MARION Correction Institution

Are you employed at the institution? ☒ Yes ☐ No

Do you receive any payment from the institution? ☒ Yes ☐ No

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe each source of money and state the amount received and what you expect you will continue to receive. *I receive money from my family in February for \$500 dollars, and in the nearby future I will get another \$500 dollars in my account to last me for awhile, and when I receive the money - I will pay for the filing fees.*

4. Do you have **any** cash or checking or savings ☒ Yes ☒ No

If "Yes," state the total

\$ 20.52

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

8-20-02 Melvin S. Dupont
Date Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

IBSR176 (76) NORTH CAROLINA DEPARTMENT OF CORRECTION 08/20/02
INITIAL PAYMENT FOR FILING FEE 08:45:54
INMATE : 0054090 - BRYSON, MILLS S. PAGE 1
DATE : 08/20/2002

CURR LOC : 3730 - MARION CI CURR.BAL : \$ 20.52
STATUS : A - ACTIVE CANTEEN LMT : \$20.52 PCT : 100% SALES : \$ 0.00
HOLDS : \$ 0.00 DEBTS : \$ 0.00 SPENDABLE : \$ 0.00

DATE RANGE	MONTHLY AVERAGE DEPOSITS	MONTHLY CURRENT BALANCES
-----	-----	-----
02/21 - 03/22	\$ 2.80	\$ 418.24
03/23 - 04/21	\$ 5.24	\$ 235.97
04/22 - 05/21	\$ 12.51	\$ 251.75
05/22 - 06/20	\$ 3.73	\$ 187.58
06/21 - 07/20	\$ 1.40	\$ 99.37
07/21 - 08/19	\$ 1.40	\$ 20.52

AVERAGE OVER 6 MONTHS DEPOSITS : \$ 4.51
BALANCES : \$ 210.57

CALCULATED INITIAL PAYMENT : \$ 42.11

IBSR140 (60) NORTH CAROLINA DEPARTMENT OF CORRECTION 03/20/02
 TRUST FUND ACCOUNT STATEMENT 08:46:26
 FACILITY: 3730 - MARION CI PAGE 1
 FOR: 02/01/02 - 07/31/02

ACCT. NAME: BRYSON, MILLS S. ACCT#: 0054080
 BED: DU4S-012 TYPE: INMATE

ENDING BALANCE 07/31/02 \$ 50.76 INCLUDES CANTEEN LIMIT OF \$20.52

BATCH	REFERENCE						
DATE	NBR.	TYPE	NUMBER	FACL	+/-	AMOUNT	BALANCE
----	----	----	-----	----	---	-----	-----
07/31/02	030	CASHLS CANTEEN-I	2002-07-31	3730	- \$	2.25	\$ 50.76
07/28/02	009	CASHLS CANTEEN-I	2002-07-28	3730	- \$	19.64	\$ 53.01
07/23/02	001	IJP PAYROLL	20020727IC01	3730	+ \$	1.40	\$ 72.65
07/25/02	035	CASHLS CANTEEN-I	2002-07-25	3730	- \$	3.34	\$ 71.25
07/24/02	023	CASHLS CANTEEN-I	2002-07-24	3730	- \$	4.57	\$ 74.59
07/23/02	019	CASHLS CANTEEN-I	2002-07-23	3730	- \$	12.39	\$ 79.16
07/21/02	009	CASHLS CANTEEN-I	2002-07-21	3730	- \$	2.98	\$ 91.54
07/21/02	009	CASHLS CANTEEN-I	2002-07-19	3730	- \$	6.25	\$ 94.52
07/21/02	001	IJP PAYROLL	20020720IC01	3730	+ \$	1.40	\$ 100.77
07/18/02	027	CASHLS CANTEEN-I	2002-07-18	3730	- \$	2.98	\$ 99.37
07/17/02	033	CASHLS CANTEEN-I	2002-07-17	3730	- \$	1.63	\$ 102.35
07/16/02	023	CASHLS CANTEEN-I	2002-07-16	3730	- \$	6.57	\$ 103.98
07/14/02	010	CASHLS CANTEEN-I	2002-07-14	3730	- \$	3.97	\$ 110.55
07/14/02	010	CASHLS CANTEEN-I	2002-07-13	3730	- \$	3.42	\$ 114.52
07/14/02	010	CASHLS CANTEEN-I	2002-07-12	3730	- \$	9.85	\$ 117.94
07/14/02	001	IJP PAYROLL	20020713IC01	3730	+ \$	1.40	\$ 127.79
07/10/02	028	CASHLS CANTEEN-I	2002-07-10	3730	- \$	6.19	\$ 126.39
07/09/02	028	CASHLS CANTEEN-I	2002-07-09	3730	- \$	6.50	\$ 132.58
07/07/02	009	CASHLS CANTEEN-I	2002-07-06	3730	- \$	2.81	\$ 139.08
07/07/02	001	IJP PAYROLL	20020706IC01	3730	+ \$	1.40	\$ 141.89
07/04/02	004	CASHLS CANTEEN-I	2002-07-03	3730	- \$	4.39	\$ 140.49
07/03/02	032	CASHLS CANTEEN-I	2002-07-02	3730	- \$	4.00	\$ 144.88
07/01/02	059	CASHLS CANTEEN-I	2002-07-01	3730	- \$	28.71	\$ 148.88
06/26/02	030	CASHLS CANTEEN-I	2002-06-26	3730	- \$	5.57	\$ 177.59
06/24/02	041	CASHLS CANTEEN-I	2002-06-24	3730	- \$	4.42	\$ 183.16
06/12/02	031	CASHLS CANTEEN-I	2002-06-12	3730	- \$	4.88	\$ 187.58
06/09/02	011	CASHLS CANTEEN-I	2002-06-07	3730	- \$	4.06	\$ 192.46
06/09/02	001	IJP PAYROLL	20020608IC01	3730	+ \$	1.40	\$ 196.52
06/06/02	016	ADMIN. FEE WTH	0606021059A	3730	- \$	10.00	\$ 195.12
06/06/02	014	ADMIN. FEE WTH	0606021055A	3730	- \$	10.00	\$ 205.12
06/05/02	016	CASHLS CANTEEN-I	2002-06-05	3730	- \$	2.27	\$ 215.12
06/02/02	014	CASHLS CANTEEN-I	2002-06-02	3730	- \$	10.60	\$ 217.39
06/02/02	009	CASHLS CANTEEN-I	2002-05-31	3730	- \$	8.89	\$ 227.99
06/02/02	001	IJP PAYROLL	20020601IC01	3730	+ \$	4.90	\$ 236.88
05/27/02	004	CASHLS CANTEEN-I	2002-05-26	3730	- \$	6.61	\$ 231.98
05/27/02	004	CASHLS CANTEEN-I	2002-05-25	3730	- \$	12.07	\$ 238.59
05/26/02	001	IJP PAYROLL	20020525IC01	3730	+ \$	4.90	\$ 250.66
05/23/02	031	CASHLS CANTEEN-I	2002-05-23	3730	- \$	5.99	\$ 245.76
05/19/02	009	CASHLS CANTEEN-I	2002-05-19	3730	- \$	6.50	\$ 251.75
05/19/02	009	CASHLS CANTEEN-I	2002-05-18	3730	- \$	9.16	\$ 258.25
05/19/02	001	IJP PAYROLL	20020518IC01	3730	+ \$	4.90	\$ 267.41
05/13/02	036	CASHLS CANTEEN-I	2002-05-13	3730	- \$	9.04	\$ 262.51
05/12/02	009	CASHLS CANTEEN-I	2002-05-12	3730	- \$	10.97	\$ 271.55
05/12/02	009	CASHLS CANTEEN-I	2002-05-11	3730	- \$	9.62	\$ 282.52
05/12/02	001	IJP PAYROLL	20020511IC01	3730	+ \$	4.30	\$ 292.14
05/06/02	015	MONEY ORDER DEP.	03894817228	3730	+ \$	40.00	\$ 287.84
05/05/02	001	IJP PAYROLL	20020504IC01	3730	+ \$	2.80	\$ 247.84

IBSR140 (60)

NORTH CAROLINA DEPARTMENT OF CORRECTION

08/20/02

TRUST FUND ACCOUNT STATEMENT

08:46:26

FACILITY: 3730 - MARION CI

PAGE 2

FOR: 02/01/02 - 07/31/02

ACCT. NAME: BRYSON, MILLS S.

ACCT#: 0054080

BED: D04S-012

TYPE: INMATE

ENDING BALANCE 07/31/02 \$ 50.76 INCLUDES CANTEEN LIMIT OF \$20.52

BATCH	DATE	NBR.	TYPE	REFERENCE	NUMBER	FACIL	+/-	AMOUNT	BALANCE
05/02/02	024	CASHLS	CANTEEN-I	2002-05-02	3730	- \$	14.91	\$ 245.04	
05/01/02	028	CASHLS	CANTEEN-I	2002-05-01	3730	- \$	9.45	\$ 259.95	
04/30/02	022	CASHLS	CANTEEN-I	2002-04-30	3730	- \$	8.45	\$ 269.40	
04/29/02	040	CASHLS	CANTEEN-I	2002-04-29	3730	- \$	4.49	\$ 277.85	
04/29/02	025	MONEY ORDER DEP.	90518774422	3730	+ \$	30.00	\$ 282.34		
04/28/02	015	CASHLS	CANTEEN-I	2002-04-28	3730	- \$	8.04	\$ 252.34	
04/28/02	015	CASHLS	CANTEEN-I	2002-04-27	3730	- \$	4.90	\$ 260.38	
04/28/02	001	IJP PAYROLL	20020427IC01	3730	+ \$	2.80	\$ 265.28		
04/25/02	023	CASHLS	CANTEEN-I	2002-04-25	3730	- \$	8.71	\$ 262.48	
04/24/02	022	CASHLS	CANTEEN-I	2002-04-24	3730	- \$	8.88	\$ 271.19	
04/23/02	022	CASHLS	CANTEEN-I	2002-04-23	3730	- \$	8.70	\$ 280.07	
04/22/02	003	IJP PAYROLL	20020420IC01	3730	+ \$	2.80	\$ 288.77		
04/16/02	040	CASHLS	CANTEEN-I	2002-04-16	3730	- \$	39.93	\$ 285.97	
04/14/02	009	CASHLS	CANTEEN-I	2002-04-14	3730	- \$	33.91	\$ 325.90	
04/14/02	009	CASHLS	CANTEEN-I	2002-04-12	3730	- \$	3.24	\$ 359.81	
04/14/02	001	IJP PAYROLL	20020413IC01	3730	+ \$	2.80	\$ 363.05		
04/07/02	007	CASHLS	CANTEEN-I	2002-04-07	3730	- \$	4.15	\$ 360.25	
04/07/02	007	CASHLS	CANTEEN-I	2002-04-06	3730	- \$	5.52	\$ 364.40	
04/07/02	007	CASHLS	CANTEEN-I	2002-04-05	3730	- \$	10.25	\$ 369.92	
04/07/02	001	IJP PAYROLL	20020406IC01	3730	+ \$	2.80	\$ 380.17		
04/04/02	050	CASHLS	CANTEEN-I	2002-04-04	3730	- \$	10.54	\$ 377.37	
04/04/02	004	MONEY ORDER DEP.	90521348038	3730	+ \$	15.00	\$ 387.91		
04/03/02	016	CASHLS	CANTEEN-I	2002-04-03	3730	- \$	9.45	\$ 372.91	
03/31/02	010	CASHLS	CANTEEN-I	2002-03-31	3730	- \$	1.98	\$ 382.36	
03/31/02	010	CASHLS	CANTEEN-I	2002-03-30	3730	- \$	3.32	\$ 384.34	
03/31/02	010	CASHLS	CANTEEN-I	2002-03-29	3730	- \$	11.26	\$ 387.66	
03/31/02	010	CASHLS	CANTEEN-I	2002-03-28	3730	- \$	17.20	\$ 398.92	
03/31/02	001	IJP PAYROLL	20020330IC01	3730	+ \$	2.80	\$ 416.12		
03/27/02	026	CASHLS	CANTEEN-I	2002-03-27	3730	- \$	2.58	\$ 413.32	
03/26/02	032	CASHLS	CANTEEN-I	2002-03-26	3730	- \$	3.51	\$ 415.90	
03/25/02	002	CASHLS	CANTEEN-I	2002-03-23	3730	- \$	1.63	\$ 419.41	
03/24/02	001	IJP PAYROLL	20020323IC01	3730	- \$	2.80	\$ 421.04		
03/21/02	026	CASHLS	CANTEEN-I	2002-03-21	3730	- \$	4.35	\$ 418.24	
03/19/02	032	CASHLS	CANTEEN-I	2002-03-19	3730	- \$	4.11	\$ 422.59	
03/18/02	041	CASHLS	CANTEEN-I	2002-03-18	3730	- \$	29.83	\$ 426.70	
03/17/02	001	IJP PAYROLL	20020316IC01	3730	+ \$	2.80	\$ 456.53		
03/12/02	032	CASHLS	CANTEEN-I	2002-03-12	3730	- \$	37.20	\$ 453.73	
03/12/02	020	SPECIAL DRAW CHK	373007383	3730	- \$	9.97	\$ 490.93		
03/11/02	024	CASHLS	CANTEEN-I	2002-03-11	3730	- \$	2.04	\$ 500.90	
03/10/02	001	IJP PAYROLL	20020309IC01	3730	+ \$	2.80	\$ 502.94		
03/04/02	032	CASHLS	CANTEEN-I	2002-03-04	3730	- \$	2.93	\$ 500.14	
03/03/02	001	IJP PAYROLL	20020302IC01	3730	+ \$	2.80	\$ 503.07		
02/25/02	039	CASHLS	CANTEEN-I	2002-02-25	3730	- \$	3.72	\$ 500.27	
02/24/02	008	CASHLS	CANTEEN-I	2002-02-23	3730	- \$	2.12	\$ 503.99	
02/24/02	001	IJP PAYROLL	20020223IC01	3730	+ \$	2.80	\$ 506.11		
02/20/02	026	CASHLS	CANTEEN-I	2002-02-20	3730	- \$	5.35	\$ 503.31	
02/19/02	031	CASHLS	CANTEEN-I	2002-02-19	3730	- \$	2.09	\$ 508.66	

NORTH CAROLINA DEPARTMENT OF CORRECTION 08/20/02
 TRUST FUND ACCOUNT STATEMENT 08:46:26
 FACILITY: 3730 - MARION CI PAGE 3
 FOR: 02/01/02 - 07/31/02

ACCT. NAME: BRYSON, MILLS S. ACCT#: 0054080
 BED: 0048-012 TYPE: INMATE

ENDING BALANCE 07/31/02 \$ 50.76 INCLUDES CANTEEN LIMIT OF \$20.52

BATCH		REFERENCE					
DATE	NBR.	TYPE	NUMBER	FACL	+/-	AMOUNT	BALANCE
----	----	----	-----	----	---	-----	-----
02/18/02	002	MONEY ORDER DEP.	7579947701	3730	+	\$ 500.00	\$ 510.75
02/17/02	013	CASHLS CANTEEN-I	2002-02-17	3730	-	\$ 2.00	\$ 10.75
02/17/02	013	CASHLS CANTEEN-I	2002-02-15	3730	-	\$ 3.80	\$ 12.75
02/17/02	001	IJP PAYROLL	20020216IC01	3730	+	\$ 2.80	\$ 16.55
02/12/02	030	CASHLS CANTEEN-I	2002-02-12	3730	-	\$ 7.11	\$ 13.75
02/10/02	001	IJP PAYROLL	20020209IC01	3730	+	\$ 2.80	\$ 20.86
02/07/02	023	CASHLS CANTEEN-I	2002-02-07	3730	-	\$ 1.92	\$ 18.06
02/05/02	023	CASHLS CANTEEN-I	2002-02-05	3730	-	\$ 3.13	\$ 19.98
02/04/02	038	CASHLS CANTEEN-I	2002-02-04	3730	-	\$ 1.26	\$ 23.11
02/03/02	008	CASHLS CANTEEN-I	2002-02-02	3730	-	\$ 5.15	\$ 24.37
02/03/02	001	IJP PAYROLL	20020202IC01	3730	+	\$ 2.80	\$ 29.52

BEGINNING BALANCE 02/01/02 \$ 26.72